

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001135 (2)

1. Corporation Name

ENVIREX INC.



Principal Place of Business

1901 S PRAIRIE AVENUE  
WAUKESHA WI 53186-7360  
US

Mailing Address

PO BOX 1604  
WAUKESHA WI 53187-1604

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
03/07/1994

3a. Date of Last Report  
03/07/1995

4. FEI Number

34-1545942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and tick it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYRNE, PAUL J	
STREET ADDRESS	1901 S PRAIRIE AVENUE	
CITY - ST - ZIP	WAUKESHA WI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOX, ALAN G	
STREET ADDRESS	OAKLAND HOUSE, 11TH FLOOR, TALBOT RD	
CITY - ST - ZIP	MANCHESTER UNITED KINGDOM	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SAFFRAN, EDWARD P	
STREET ADDRESS	1901 S. PRAIRIE AVE	
CITY - ST - ZIP	WAUKESHA WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAUMANN, PETER G	
STREET ADDRESS	1901 S PRAIRIE AVENUE	
CITY - ST - ZIP	WAUKESHA WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DREWEK, KATHERINE M	
STREET ADDRESS	1901 S. PRAIRIE AVE	
CITY - ST - ZIP	WAUKESHA WI	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	KRUEGER, PAUL A	
STREET ADDRESS	1901 S PRAIRIE AVENUE	
CITY - ST - ZIP	WAUKESHA WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN W. BECKITT	
1.3 STREET ADDRESS	DAWSON HOUSE, GREAT SANKEY	
1.4 CITY - ST - ZIP	WARRINGTON, WAS 3LW, U.K.	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAMUEL E. PARK	
2.3 STREET ADDRESS	25 MAIN ST.	
2.4 CITY - ST - ZIP	Belleville, NJ 07109-3057	
3.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEAN J. SMITH	
3.3 STREET ADDRESS	1901 S. PRAIRIE AVE	
3.4 CITY - ST - ZIP	WAUKESHA, WI	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Vice President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Katherine M. Drewek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine M. Drewek 1/31/96  
Vice President & Secretary

414-521-8504  
Daytime Phone #

CR2E034 (12/95)